Meaningful Use Workgroup
Draft Transcript
August 23, 2012

Presentation

MacKenzie Robertson – Office of the National Coordinator

Thank you. Good morning, everyone. This is MacKenzie Robertson in the Office of the National Coordinator. This is a meeting of the HIT Policy Committee's Meaningful Use Workgroup. This is a public call and there will be time for public comment at the end. And the call is also being transcribed, so please make sure to identify yourself before speaking. I'll now take the roll. Paul Tang?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Paul. George Hripcsak?

George Hripcsak – Columbia University

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, George. Michael Barr? David Bates? Christine Bechtel?

Christine Bechtel – National Partnership for Women & Families – Vice President

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Christine. Neil Calman? Tim Cromwell? Art Davidson? Marty Fattig?

Marty Fattig – Nemaha County Hospital

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Marty. Joe Francis? Leslie Kelly Hall? Yael Harris? David Lansky? Deven McGraw? Greg Pace?

Greg Pace – Social Security Administration – Deputy Chief Information Officer

Here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Greg. Latanya Sweeney? Robert Tagalicod? Charlene Underwood?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

I'm here.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Charlene. And Amy Zimmerman is unable to attend today. Are there any ONC staff on the line?

Michelle Nelson – Office of the National Coordinator

Michelle Nelson, ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Michelle.

James Daniel – Office of the National Coordinator

Jim Daniel, ONC.

MacKenzie Robertson – Office of the National Coordinator

Thanks, Jim. Okay, Paul, I'll turn it back over to you.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Great, thank you. Um, and thanks for everyone making the call today. It should be a shorter agenda than the two hours, for sure, and um, our task right now is to sort of gear the roll up from the sub-group um, of reconciling their existing comments, or the previous comments with the feedback we got from HIT Policy Committee. Our schedule is that we are due to, we're not presenting this September. Uh, we are presenting our, our updated version which is pre-RFC at the October meeting, and as people are anticipating will be between now and October the, the final rule will come out. So our ta-our, our ta-task uh, between now and then would be to look at the final rule and reconcile, you know ... in some of these objectives we've said, well it depends on what the final rule would be, says, and so that's the time to check that and see is there any changes to our Stage 3 draft recommendations based on the new final rule for Stage 2. And so we'll incorporate all that and present that back to the HIT Policy Committee in the October, I believe, it's 6th meeting and in preparation for putting out the RFC. Any questions on the timeline?

Okay, so what Michelle sent out earlier today was our, our matrix that has a combination of our previous suggestions, objectives as well as the feedback from both the HIT Policy Committee and the sub-group. Why don't we put up the first, well, it's actually slide number two, I'm actually not on the Web. Michelle, you might just give us a color code of the green and the-the red is just for highlights, as we presented to the Policy Committee, the green and blue mean –

Michelle Nelson – Office of the National Coordinator

Green came out of the Policy Committee, they-they were their comments, and then blue is the, a new workgroup comments.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, great. Okay, if we go to slide number four, there were, and correct me when I'm in error, Michelle –

Michelle Nelson – Office of the National Coordinator

Um-hmm.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

.... there were no changes suggested by the Policy Committee, so they scanned, as you see in the red, really for CPOE we added ... transitions in the next stage, and put a measure a threshold of 20%. Slide number five, there's no changes either to what we have proposed.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Paul, this, Paul, this is Charlene. On, on the referral order, was that where Halamka said there wasn't a standard, or not on this one? Remember –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Uh, yes. At this point are, so the issue with standards, and remember this is the RFC ... the NPRM, that we're asking for how this might be done. We had, the, the, the problem we're trying to solve is essentially the, the closing loop when referrals occur.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yep.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

There's two pieces. One is, specialists would appreciate having the indications for a referral, the question that's being asked of them when they get the referral. The referring doc, typically the primary care physician, is, would like to have the results back, one, reliably; and two, in a timely way. So the measure we're trying to set up is closing that gap. The analogy we made, or the, what we're trying to emulate is the way labs get closed. In other words, when you issue a lab order and the results become available, that those results populate typically the lab order so you see the order and the response. We were hoping to use that same methodology for referrals, that is, a referral would be in order and the order would get resulted by the consult. Um, when we talked to John Halamka, that methodology um, isn't one that is commonly in use, and you can understand that because you have to make sure that the receiving system keeps track of the order number so that when a message comes back from the receiving system through the referring system they can result that order number. Now, people have done this with labs, even external labs, because they understand this problem and they want to, they want to want to make sure it all stays together. Um, that's probably not the case in current systems, and the question is whether we can push that to be true by 2015.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes. So we just need to have a note to verif-I mean, a note to verify the standard ... . You know, we have got testimony that this standard was ready to go from one of our folks, but John didn't think so, so.

Michelle Nelson – Office of the National Coordinator

So kind of on that note, so we had sent over a list of questions to the Standards Committee, and John Halamka during the last Standards Committee let the workgroups know that they would be receiving assignments of things that we needed input on. And so they, we worked internally, at least to decide which workgroups within the Standards Committee should be designated to work on things, so they are now in the process of getting ready to provide us the answers.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Okay.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

And that's due back to us, when did we agree?

Michelle Nelson – Office of the National Coordinator

Oh, uh –

W

Those will be back September 12th ... .

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, so the target was the 18th, which is fine except for a full agenda, I guess. (Laughs.) So what we were antici-what we were hoping to do is to incorporate the standards input into the thoughts we were preparing for the RFC. So, for example, let's say that we get confirmation there's no standards here, I think the way we would do this, one-one of our options is to, to write about that and, and really the question is can the standards describe the, the, the method we were, we were thinking about and get comments from the field about whether this could be put into place in time for 2015. So in fact between now and the 18th, Michelle, is it possible to get, get some of the wording, draft wording from the RFC going so that we can, and distribute it ahead of time so we can see how that might look and then give you a little suggestion maybe if ... if we need additional wording.

Michelle Nelson – Office of the National Coordinator

Sure.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay thanks, Charlene. So we're looking at slide number five, no further input from the Policy Committee. Slide number six, no further input here. And anybody stop me as, as we go. Slide seven, slide seven we, we had some questions about the certification criteria, and, I, I think this was a ques-the, how the problem feeds into the diagnosis I think there was a question of ho-how do you get the EHR to, to help, help us get accurate problem list. And I think I answered it during the session, so I'm not sure there's anything more there. In 106, having to do with medication our thought here was, for example, if there are, there are diagnoses on the problem list and there are no medications that treat, let's say, diabetes, or treat coronary artery disease, then that could be a prompt that says is there, is there something missing, is the med list complete. Um, we could also be correlating that with, let's say, high insulin A1C. Anything else, George or Michelle?

Michelle Nelson – Office of the National Coordinator

No (clears throat) no.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay.

George Hripcsak – Columbia University

No. I mean, did we clarify certification criteria, is that clarified on the previous one, on the updated problem list? ... .

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

I think, well the notion is you see how we wrote it, we said, in some sense we were saying w-w-we need to have computer supported maintenance of these important lists, problems, meds, allergies, and without saying oh, you need to have a function that does "X" you said provide functions that may use lab test results, medications, vital signs, etc., vital signs like if it's a high blood pressure then ... there's no hypertension on the problem list, is it something you'd consider. So we tried to be, allow for innovation in how it's done, and I think we were pretty clear. Um, what do other people think? I mean, do you have an opinion on, on this one? I guess there's, there's a, you know, a, a translation into criteria per se and whether this is – Michelle, did we ask for input from the Standards Committee on this topic?

Michelle Nelson – Office of the National Coordinator

No, we didn't.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay.

George Hripcsak – Columbia University

We're going to, we're going to see the version of the slide that doesn't have the HIT PC comments exactly like this. In other words, if it's a comment that was stated and you feel like you answered it during the meeting, then if we have it during our presentation in October we're going to feel compelled to answer it a second time or something.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Right. So –

George Hripcsak – Columbia University

We need to –

Michelle Nelson – Office of the National Coordinator

I, I think the purpose was for, for our meeting today to make sure that we've answered all those questions. But we will remove it.

George Hripcsak – Columbia University

Okay.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Paul, this one, are we on six, that's the problem list, the ... generating on the problem list?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Uh-huh.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Again, I, I just think this is like the Holy Grail for a lot of folks and it just gets pretty complex to implement and then it starts to, it really starts to cross the boundary of when you're actually starting to do more intelligence rather than clinical decision support, so.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Right.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

I mean, I think we, I think we'll get pushback on this one, is my comment, but I haven't really even talk-talked to the vendor to get broader input on that one, so.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, ... comment.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

I think ..., yes.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So, two comments. Now, I'm remembering ... so we did not mean, and this is what we should put in our words, Michelle, we did not mean that the computer would auto populate from problems, meds, and allergies, so we wanted, we just wanted to clarify. So that was one of the questions.

Michelle Nelson – Office of the National Coordinator

So, when we met in the sub-group 1 we did update the language here.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

And do, do you know where that is?

Michelle Nelson – Office of the National Coordinator

This is the updated language.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Uh, do you know what we changed?

Michelle Nelson – Office of the National Coordinator

I'd have to go back to the old slides.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay. Um –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

But you want words, to use words like "suggest" or, you know, those kind of words.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Correct. Right. Exactly right. Um, so if you want to do some editing, let me see, I think what would be most helpful is take from where we-what we presented to HIT Policy Committee and if you do a track change and, and, and maybe that's easier in Word, and then update it to what the sub-group presented, and then we can probably fine-tune it. And, for example, "help" is probably not clear enough "suggest" might be a, might be a word, and then we want to put e-explicit wording that says do not ... as the computer is going to auto populate them.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Right.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

There's a couple examples where the computer can. One, for example, they can certainly calculate BMI and actually diagnose overweight state or obese state, because there are standards about that, and uh, and BMI's an automatic calculation. Another example is chronic renal insufficiency, and we actually use both of those, our ... index auto populates for those ..., and the reason we allow it to do that is because it's basically a statement of fact. We've put this state-this fact in front of people by putting it on the problem list, so we can, we can even bring that up, so in general it would, the machine would not be auto populating these lists except in cases where it's just a statement of fact and the, and the provider organization decided they want that back in the problem list. Is that clear, Michelle?

Michelle Nelson – Office of the National Coordinator

Um-hmm.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay. Um, okay, we're going to go to the next slide, please.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Paul, and just one more. On seven when John and you were talking about the relationship, this was like to code medication allergies and to code drug families that linked into the conversation we had about contraindications and some concepts of should we have a better framework that looks at how we bring that information together. So that's just kind of another I think it's that mature enough for the value set to match high performance, and this one also relates to that conversation.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yes, and I think that's going to come up later, but it's clear that there are no, there's not even the concept of "contraindications" even though the, it's an age-old medical concept, it's not a concept in the EHR system.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Um, and it's even true, I'm not sure why to this day for allergies we all use our own coding system for allergies instead of, um –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yep.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

.... being sure that all the drug databases have not only did chemical ingredients, but the class, because that's what we were after.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yep, okay.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, so let's see, we-we advanced to eight, oh, did we skip over some slides?

W

No.

George Hripcsak – Columbia University

We were doing seven –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay.

George Hripcsak – Columbia University

Now we're on –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay.

George Hripcsak – Columbia University

... which is nothing.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, okay. Next slide, please. Um, and no changes proposed except for taking off the red advanced directive hearing, because I think we're changing that to a list ..., correct, Michelle?

Michelle Nelson – Office of the National Coordinator

Yes.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay. Um, next slide, please. Okay, clinical decision support is one of those areas we've, from, from day one, Stage 1, we've said this is clearly one of the most important functions of an EHR, and we started very slowly, Stage 1, and we tried to broaden the definition of clinical decision support to clinical CDS intervention to allow for innovation in what, how you support clinicians making these decisions. And now we're trying to add some additional specificity only so that we make sure certain things are covered, like prevention. I believe, are those the notes in blue then, Michelle?

Michelle Nelson – Office of the National Coordinator

Yes. So this is the updated recommendation that sub-group 1 put together based upon the last workgroup meeting, what we discussed at that meeting, which are the notes in blue.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay.

George Hripcsak – Columbia University

But is the red now altered, or not altered?

Michelle Nelson – Office of the National Coordinator

Um, the red are items that we had highlighted.

George Hripcsak – Columbia University

So it's not modified according to the blue yet?

Michelle Nelson – Office of the National Coordinator

No, the, the ... the measure itself is modified. The red doesn't indicate the modified items, though. Those are just call out items that we had indicated.

George Hripcsak – Columbia University

Okay.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So in other words, I guess there's no tracked changes on there.

Michelle Nelson – Office of the National Coordinator

Exactly.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

But it has changed.

Michelle Nelson – Office of the National Coordinator

Yes.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay so one of the, so one is to go from 5 to 15 CDS interventions still tied to CQM quality measures but still only 5. And those are to be picked by the, the individual provider organization, whatever's high priority for them. Um, including, you must have one, so now they're, in addition, saying pic-pick any 5, they're saying, out of 15, make sure that you have covered the following domains, as applicable to your specialty, so dermatology might not have a preventive care, but they sure could, like sunscreen, for example. Um, so preventive care, so, so you need to have at least 1 of your 15 cover pre--a preventive care topic, which would include immunizations, at least one includes something with chronic disease management, and at least one related to advanced medication related decision support, like renal drug dosing, and one to t-to target efficiency measures regarding lab and radiology orders. Um, and then secondly, which is the carryover, this drug-drug interaction, drug allergy checking was brought in to CDS. Is that part clear? I'm just making sure that we advance, and this of course goes with the NQF, um.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

You know, I, Paul, I'd really like to focus, and that's kind of what the feedback that we're getting is, is we, rather than even getting 15 if we can have this measure really start to get at identifying areas for improvement I'd like these called out, and then actually over time they're going to have to show they improve, that really gets us to the end game and by definition they'll have to use clinical decision support and/or registries, and/or, you know, other, other tools to do it. But this starts to really focus on those areas that we want them to advance and improve, an-an-and if, if we can move toward where it's more outcomes based like that, that will also move us to where we can reduce objectives and, and that type, move a little bit from being prescriptive into outcome oriented. So, I think that's, this is a big step.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Oh, good, good.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Paul, this is Art. Sorry, I joined late. I've been listening. I was wondering if maybe, you know, earlier we had this discussion about auto generation of problem lists, is there a way that we could use clinical decision support toward that effort, you know, as, as Charlene was just saying about quality improvement, can we use this clinical decision support to drive getting some problems on the list that might not, not otherwise be there.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

You know, actually, that's a good point, Art, because that's actually how we imagined the, the "suggestion" would appear. Um, now, let's see, would we, you know what, so we, this might be in the prose, Michelle, in the sense of giving an example, so we can talk about, and clinical, and CDS interventions can also be used to help maintain the accuracy and, and completeness of problems and ... we can say something like that, and that would, um tell people that's what we had in mind, to Art's point, and this also gives them, and, and that would count against the 15. I mean –

George Hripcsak – Columbia University

Um, I don't know. I think the intent from the beginning was, yes, it would be decision support helping the problem lists, and that's what that objective is supposed to do. I don't think they intended that that would be part of the 15 necessarily, ... count them kind of make up 13, all right, here's diabetes, here's hepatitis, here's this, okay, I've got 13 of them done.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So what do you want to do? Do you want to just say, how do we word that, move that statement back up to the, maintain the completeness?

George Hripcsak – Columbia University

Well, that's a good, I mean –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

That's a good –

George Hripcsak – Columbia University

... how do we, I mean, we should pick the right number of alerts that go to the provid-whether it's 15 or some other number –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yeah.

George Hripcsak – Columbia University

... that go to the provider to help you take care of your patients.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yeah, yeah.

George Hripcsak – Columbia University

That's like a direct alert to you, versus like an alert that checks your problem list ... different than that.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Right, right.

George Hripcsak – Columbia University

Actually, the alert that says your patient has diabetes and you don't realize it, I think that's a good one, and that counts for both. But an alert that says it's time to take diabetes off – well, not diabetes but take, you know, pneumonia off the problem list, I don't know that that should make up most of the 15.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

That's a good point. So maybe it's more like, it, maybe they're separate topics, and I guess what I'm thinking is should we even explain that the stuff that's used up in the complete list don't count here. Um –

George Hripcsak – Columbia University

I think, we rephrased it so many times, the other one and this one we may have to go to the comment period, like this.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yeah.

George Hripcsak – Columbia University

I mean, if you think about it, there were other functions we're doing that also could be counted as decision support but we're, you know, identifying them separately too –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yes.

George Hripcsak – Columbia University

...and, you know.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So I think, Art, the answer to your question is we would imagine using decision support to do the complete the maintenance of the list, but we weren't imagining it to count against the 15, so what we could, we could also think of this as, you know, once people start having good functionality in the EHR and using it, it's not as if people are going to be limited to 15. Everybody's CDS rules or interventions, you know, go way beyond 15. So, so our goal here is to, is to make sure that a function exists in the EHR and that people start using them thinking that once they find ..., and maybe that's the kind of thinking we-we'll apply here. Does it make sense?

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Yes, thanks.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay ... –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

I just – it gets really complex when, for the vendors when we have to think through 15 functions, 15 CDS and the 5 rules, do we have to pre-package all those, those kinds of things. So the more we can move out of being a prescriptive in terms of the numbers, the more into these areas, that will really help us, because then the vendors can say, here's the, here's the support I have for, you know, preventative care, that type of thing.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Right.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

So that six is going to be a challenge, I think.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

We were not expecting vendors to har-do any more hard wiring, because that's, I think that gets us into problems. I would think, you know, the vendors should have the functionality, to, to write CDS interventions and they may supply some, some examples, you know, especially for the smaller practices, but we, we certainly don't want vendors to hard wire things, saying, oh, this is your, this is your pneumonia CDS and, and QM.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes, and that's where the expectation starts, it starts, you know, it gets operationalized.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So, Michelle, that's a good point, we might want to actually say that (laughs) to stay away from this hard wiring concept.

Michelle Nelson – Office of the National Coordinator

Okay.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Um –

George Hripcsak – Columbia University

Wha-I didn't understand, what, say it again, Paul.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So Charlene-

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

You have, you have like, you know, how many, you know, measures you've got to report against, and then you'll have to map, of those measures where you want to do preventative stuff like manage chronic disease and those type of things, and then we'll have to define what's the clinical decision support that's linked to that, and then roll kind of that whole thing out, and it gets, there's a lot of work to do that kind of – it's not that that's not good stuff to do, but, you know, when it gets ... do I have my 15, and do I show my 15, and it just gets very complex when you start to roll it down the, you know, when it gets operationalized by vendors and then in practice, that's kind of how we think about it.

George Hripcsak – Columbia University

So then what's the solution here for that?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

To explain it in text, so our intent was to say, you know, vendors, you need to be able to ha-to provide ways for, for clinicians to descri-to write a CDS intervention that deals with preventive care procedures –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yep.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

... and show that. And you need to be able to deal with managing some chronic disease like diabetes, not that you write all the rules or plug them, or hard wire them and say, well, here, I'm going to be certified to report on them, you know. So our intent by calling out these, these categories is the vendors need to be able to show what kind of intervention options they have, they've made available to, to their customers to do-handle these things.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yeah, and I think that's really powerful, you know.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yeah. So we're on the right track, according to Charlene, of saying here's the kinds of thing CDS intervention should be able to do, but we're not wanting them to hard wire it and say you only have to, you only can do this prevention ... So we might explain that.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yeah, and then appropriateness of lab and radiology orders, I'm okay leaving it, but we could broaden it to talk about utilization too. So, you know, I'm fine with leaving it as is, but it also we could broaden that too because –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, so the wa–

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

(Inaudible.)

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So I think the way we would do that is to put it in the EG, to what we –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Okay.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So in the preamble we would talk about this and we'd talk about well, what kinds of interventions are there, anyway, well, EG and, and include utilization. But we were-these are the three, these are the four categories that the sub-group said let's make sure there's at least one dealing with that, and what, what that does of course is put that in the certification criteria.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yeah.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, and the bottom half are certification criteria only and one is to be able to see what happens, see what happens when a CDS triggers. And the goal purpose here is to figure out is, is, is to know how well it's being used so that you can improve the CDS intervention, not to, to report on the docs per se. That's the question that came up with the committee. Um, and the other is to start understanding, at least building a flag for saying this, this condition, PSA test, for example, is preference sensitive and can we build decision support interventions around that, and one of the things might be to, to dispense, like video and shared decision making around, you know, BPH or PSA testing.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yeah.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

But we're not there-we're-this is only a capability. This is one of the ones where, where we don't have the right source material and um, have the decisions ... worked out yet, but we want this capability of flagging it.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yeah, and I-that ... additional clarity, because you know when you do these and this is kind of some of the list stuff too, it's like when you actually start to try and figure out, you know, how the provider responds, certainly saying ... will work or not, but when you start to suggest actions, that's when it gets pretty complex ... .

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yes, definitely.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

This got it started. This narrows it.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

... . Okay, next slide, please. Okay, this one the only, the only uh objection right here, when we use the word "dashboard" we're trying to give an example, well, what do we mean? Um, and what we mean is, is instead of retrospective reporting that has a built in delay and, and, and doesn't get in the face of the provider on a regular basis, we wanted something that is, is more available, like every day for important, important parameters or important ... that the providers ... And when we used the term "real time" we meant in a sense on-demand, so the objection was if we really make it real-time like it's calculating for everybody, every second, then certainly ... the system down, so that was the comment. So we just need to clarify def –

Michelle Nelson – Office of the National Coordinator

So the sub-group did edit, this is the edited language from sub-group1.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Uh, okay. Okay, so they used the term "near real time" and, and dashboard. We can, we can maybe go into a little bit more prose, sort of like what I just said Michelle, in the sense of to explain what we mean by this so that everybody doesn't reinvent dashboard ... that. It's really so that people, that providers can have reports on things of interest, you know, of particular importance to them on demand.

George Hripcsak – Columbia University

Dashboard means report, you know, presented during the process of care more or less.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Correct.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Is there a different way to say that? You know, we-I get what you mean, but again I think the, the downstream interpretation will be different than what you mean. It's actionable in the workflow, right?

George Hripcsak – Columbia University

That's –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Correct.

George Hripcsak – Columbia University

Incorporated into the workflow, the EHR workflow during the provision of care.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Maybe if we, we basically tried to describe what we mean by "dashboard" we-we'll have the opportunity to explain what we're after without ...being limiting.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

That's the goal. Okay, next slide, please. Okay, okay, this we-we're just explaining Myth Masters, because that was, I mean, that was open to interpretation. Oh, you're saying that, we-you know, if, if, if they're, the, if the checking that goes on in the process of dispensing the med, administering the med, shows something, well, why don't you have reports that we know, hey, here's an area we need to improve our processes, in, in which, where we need to improve our processes, that kind of thing.

Michelle Nelson – Office of the National Coordinator

So again this is for the second part of the measure, this is sub-group1's attempt at editing the language to clarify.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Um, I think the last sentence in red probably sounds a little frightening. Um, it isn't to say, it isn't meant to say that everybody's going to start writing reports to CMS and ONC about what, what they're doing. I think this is in an audit you should be able to say, well, how do you manage these reports, what do you do with them, because I think there can be some clarification of that. Okay, next slide, please.

George Hripcsak – Columbia University

Well, so we should, should we just delete that sentence? I don't know why we need that sentence. I mean, this –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

I agree.

George Hripcsak – Columbia University

... creates an entire –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yeah.

George Hripcsak – Columbia University

... reporting, you know, billion dollar enterprise ...

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

I agree.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yes, yes, let's delete it. Um, the quest-the ... by a question from the Policy Committee saying well, oh, what are you going to do with these reports, and this was an attempt to explain what but I think it actually made it sound worse (laughs).

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Well, well, well, should it, should it be that it's the number of mismatches that are reported? What is reported?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

No. Um, the goal is, if, if you, okay, so if you have, if, if you're doing the, the medication administration and you get a beep that says, hey, this is the wrong patient or this is the wrong dose or it's not matching up, well, that's good but what are you going to do about the processes that lead to that error. Well, you need to have a way of reporting how often this has happened. Is it, is it basically the wrong patient, or is it the wrong drug dose, or is it the wrong drug. You need that information in order to make changes, that, that was the whole point. Um, so it wasn't to have a report go off anywhere. It was basically for internal quality improvement. And when you, and so the, the, the second sentence is to say well, if somebody's asking you about it you should be able to have, the second sentence is trying to say, and you should have policies in practices that, that react to these reports and, and improve your processes. But maybe I think the, the, the better part of valor is to take people's suggestion and just eliminating that, because I think, it, one, it sounds rather ominous, and that wasn't the intent. Um, does that sound reasonable?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yeah, most systems, you know, I think do that today, you know, they report out so people can look, look at it across the facility, do that...

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Here's a way to make, here's a way to explain it better, I think, Michelle. So eliminate the second red sentence, and in the first when we say "are tracked," uh, we could say "and are," and "are reported for quality improvement –"

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yeah.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

... purposes." And then it just makes exactly clear what we intended.

George Hripcsak – Columbia University

Yes, in fact, I don't know how we'd measure "acted upon."

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Correct. Does it make sense, Michelle?

Michelle Nelson – Office of the National Coordinator

Yep.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay. Okay, I think we can go on to the next. Um, here's an example where we needed to, to reconcile with the final rule. And otherwise I think we were okay. We did get back some feedback about standards for family history, of which there are none, and so I think what the sub-group did was to say, okay, well, let's, let's just focus in on the high priority family history data, like colon, breast, glaucoma, heart disease and diabetes, even though they really aren't going to be in the standard format. And that is the certification criteria that CDS intervention can take, take advantage of that family of treatment, at least for those. Anything else? Okay, next slide, please.

No changes here. Uh, next slide, and no changes here. Um, we still have on our plate, though, to get what is in the transition document. Hopefully, is that something that went on to standards ..., Michelle?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

So, Paul, this is kind of, how does this differ than the care record summary document? Is it more elements? Because we're kind of, you know, we've got the care plan piece we're working on in ours with perhaps aspects of this, but it seems like we've got some overlap, that's all.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yes, I agree. Um, I think there's –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

And, and, and you know, the real intent here, which I know we're back to this four calendar thing, these transition documents, and I'm going to be kind of aggressive on this one, need to like happen at the point of transition. So we were hoping that there just might be, you know, that any content necessary could be, you know, either made available immediately and that any follow on gets sent later, so it would start to drive faster automation of capturing at least the notes for that purpose, so we tried to just narrow it to a subset of stuff, because ... we've been struggling with the notes one –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Right.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

... um, so that was where the four day still doesn't get it, you know.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Right.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

... so, I, we're doing care record summaries and how does this reconcile with the character summary and, and it needs to happen at the point of transition as opposed to four-within four days.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So le-I think the explanation was that actually you guys referred it back to sub-group 1. Le-can we put this on the parking lot and come back to this when we get into care coordination?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

I agree. I agree.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Because I think you're right that we should only have one and I also think you're right that, and it has to leave when the patient leaves, wherever they're going. ... .

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

... is we were trying to capture the note to put in it, right?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yeah.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

So, so that was where –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, so –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

... and it evolved to that to some extent, though.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So let's just talk about this just a little bit later when we do this category three.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Okay.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, next slide, please. Okay, and next.

Michelle Nelson – Office of the National Coordinator

So, Paul, I don't think that Christine is on the phone.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

I think she is...

Michelle Nelson – Office of the National Coordinator

Oh, she is? Oh, okay. (Laughs.)

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Do you want to walk us through then?

Christine Bechtel – National Partnership for Women & Families – Vice President

Do you want me to walk you through, Paul?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

If you don't mind.

Christine Bechtel – National Partnership for Women & Families – Vice President

Sure. Um, and I, I assume I'll only focus on the clarifications that were made –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Right.

Christine Bechtel – National Partnership for Women & Families – Vice President

... Okay, as a result of the last call. So, the first piece is view, download, transmit, and the addition here is obviously the exception is ... but the addition here was clarifying whether we specifically meant Blue Button exactly, or that sort of concept, and it's really the concept, and so we clarified here to say a preset automated way to transmit your data or to, to request that your summary of care document get transmitted to a care team member that the patient identified or an on demand way to do that, and then also creating the ability of providers to review or accept updates. And there was a question about whether or not this is about provider to provider, or provid-or patient to patient, and so we clarified that it's a care summary, so it's really the patient saying I'd like, to, to a provider, I'd like you to send my care summary from provider A to provider B, so that was the clarification here. Okay?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yeah, now the, how would – um, Michelle, did we send this on to standards?

Michelle Nelson – Office of the National Coordinator

Christine actually has some detailed questions for standards, but yes, we ... .

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So as an example, so I'm, I, I, I'm going to Dr. Dr. Blue, and it's in the far reaches of Montana and there is no Dr. Blue in this, in Dr. Smith's EHR system, how does that go anywhere, how do they do that?

Christine Bechtel – National Partnership for Women & Families – Vice President

So, this, this is really designed for, you know, I-it-it would leverage the list of care team members that's already, you know, supposed to be part of the electronic record and was really designed to be among the people who are treating me, right. So that is the, that is the idea.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

But, but, of course every, every provider doesn't have the other half a million providers programmed into their EHR.

Christine Bechtel – National Partnership for Women & Families – Vice President

Well, but I think that depends in part on what, what's going on with ..., and so this is the element that we discussed previously that we wanted to get feedback on was, you know make sure that we can do this, it's something that is already being worked on by the Standards Committee per the work that Leslie Kelly Hall has been, has been leading, so what you're rai-the issue you're raising, Paul, is totally different than the issue that we were asked to clarify and is part of what this group was supposed to get feedback on. Does that make sense?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay. Is the issue I'm raising, is that part of the question you asked the Standards Committee about?

Christine Bechtel – National Partnership for Women & Families – Vice President

No, because nobody raised that before. So, and we were told that if this is the, this is that CCME kind of functionality, that this is already something that they've been working hard on, I can't remember if it's through the Standards Committee or through the S&I Workgroup but they've been working on it for months.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

I wonder if we need to well, I mean, the fact that they've been working on it for months, there's ... than being worked on for close to a decade.

Christine Bechtel – National Partnership for Women & Families – Vice President

Yes, but when we were on the last call, Paul, I mean, what I said at the time was, you know, the, the purpose is to get feedback here, and so we needed to identify clarifying questions, which we did, and then we answered, so and we're kind of bringing it, you know, a different piece in and I don-don't know how to answer that because I'm not a technical person, that's why we were supposed to get feedback from the public and from the Standards Committee on, on everything. So that one, and it happened to be one of the specific ones because that hadn't come up before.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, I wonder if we can put a little addendum to Standards about this, you know, about how we can do this.

Christine Bechtel – National Partnership for Women & Families – Vice President

Technology Officer, Government & Industry Affairs

Aren't we asking them about all of them, though, because that way this should be included, but I...

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

I'm just making sure that they have that question to, before them somehow. And they just got the question ... this past week, so I mean, if, if we make sure that they're covering this top-this, this question, like you said, that would be useful, because it's got to be ..., right?

Christine Bechtel – National Partnership for Women & Families – Vice President

Yes, yeah. I don't disagree, I just... I think also we can delete the HIT PC comments before this goes further, because we entered them.

Michelle Nelson – Office of the National Coordinator

They're going to get rid of – we're going to get rid of all of them.

Christine Bechtel – National Partnership for Women & Families – Vice President

Okay, great. Okay. Are you all right, Paul? Should I go to the next one?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yes.

Michelle Nelson – Office of the National Coordinator

So, this is Michelle. I guess I, I'm sorry, but I missed the, the question to what I can bring it back to Standards Committee.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, so it says preset automated when you, in order to do an automated, you would have to, one system would have to know the other system and would have to know Dr. Smith in Montana when you're in Baltimore, let's say. And most systems are just going to have knowledge of their own, their-the folks in their community, and so I don't know how a preset automated...

Christine Bechtel – National Partnership for Women & Families – Vice President

Well, Paul, I think that applies to either that or on demand... I think what the question is for the Standards Committee is you know, are electronic health records going to be able to transmit care summary documents to any other meaningful user, or only those who have been identified what is the feasibility of, of doing this, whether it's automated or on demand.

George Hripcsak – Columbia University

Yes, this is George. I just think this is more, a broader issue about access to provider directories.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yeah.

Christine Bechtel – National Partnership for Women & Families – Vice President

Yeah.

George Hripcsak – Columbia University

And I don't know that we have to pick out this, you know, sub-group 2 as the point where we focus on it, but at some point we need to make some statement about access ... certification criteria.

Christine Bechtel – National Partnership for Women & Families – Vice President

Right. Right, because it's going to apply in care coordination as well.

George Hripcsak – Columbia University

Yeah.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So the question is, do you, do you – but this is requiring each provider to be able to like accept the ability to do on demand or preset automated communicate to some random provider somewhere in the United States –

Christine Bechtel – National Partnership for Women & Families – Vice President

Well –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

... and I don't know that we can insist on that. That's all.

Christine Bechtel – National Partnership for Women & Families – Vice President

Yeah, I mean, I think that's an overstatement. It's care team members, and the likelihood that a, an ongoing and persistent care team member is going to be on the west coast when I was on the east coast is extraordinarily unlikely. The-I mean, it says in here patients identified care team members, so it's not really, I think what you were saying, Paul, is an overstatement. It's really about, I ever, if I get, if my cardiologist puts me on a new med, I want to, you know, in advance tell my cardiologist, please send an updated care summary to my primary care provider. And the likelihood of them being, you know, in different states is not great, or outside, I should say outside communities.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Well, I think that is an example, just to, to show what I mean, but we get people from central California, for example, and we don't have all the physicians, even in central California, programmed into our EHR. So the only, it's not that capabilities shouldn't be there to transmit from one system to another, it's this seems to say you must be able to accommodate anything.

Christine Bechtel – National Partnership for Women & Families – Vice President

No, it's only 50% of patients also, right, so you could say to a patient wow, great idea, but on an automated basis unless you help me figure out how to communicate electronically or, you know, unless that other person is able to communicate electronically we can't do that in this situation. So you use the threshold as a way to insulate against, you know, the, anything that's not feasible. But the idea is that they would say, oh, okay, so-and-so your, is your cardiologist down the street, you know, in the same way that I would go out and try to get that person's fax number, I would reach out and say, can I communicate with you electronically? Yes. Now, again, ideally we keep raising this over and over again, there, it shouldn't be that hard to have a directory of direct users or of meaningful users where that is able to happen in a much more automated way, and that's one of the things that we're trying to get feedback on. Does that help?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

In that case I think 50% is pretty high, well, it's very high.

Christine Bechtel – National Partnership for Women & Families – Vice President

Right. Again, you know, public comment, so we can, we can shift the threshold, we can get feedback from the Policy Committee, I mean, the Standards Committee, absolutely. So, but does Michelle, is the question clearer now?

Michelle Nelson – Office of the National Coordinator

Yeah, thank you. I think we did ask a similar question in the care coordination, but we'll make sure to ask it here as well.

Christine Bechtel – National Partnership for Women & Families – Vice President

That would be great.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, any other comments about this? Okay, next slide.

Christine Bechtel – National Partnership for Women & Families – Vice President

Okay, so this is providing, to, you know, there, actually I don't think we made changes here because there weren't comments.

Michelle Nelson – Office of the National Coordinator

No, Christine actually put together some detailed questions though, for the Standards Committee that we ... .

Christine Bechtel – National Partnership for Women & Families – Vice President

Yeah, I did. Uh, and I can pull those up. Thi-and there were about six questions that we asked on this, and this is essentially, you know, for option one where there are six topics, or six value sets, like functional status, how would it work in the software development process practically, do you have to code for each one of the eight things, or can you set up a generic structure, ... generic capability that can be adapted to the first five, you know, things, things like that. If it's that latter part, which obviously does sound a little easier, how is it going to work family health history, we asked a question here about the surgeon general standards, we've heard they aren't ready, can they be ready in time for Stage 3. Um, we also asked a question about for the first five topics I promised ten, for, you know, for functional status. The survey instrument is valid and it's in use and it's tested, but how do you translate that value set into a standard for an EHR and can you do it by Stage 3 so that there is a standard tool for data collection, you know, can you, you know, just map that out, how does that work? Um, it also asks whether or not we can be ready by Stage 3 to accept data from glucose blood pressure, and weight monitoring devices, and then just asks a general what else do we need to know here, what have we missed.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

So Christine, just a couple comments. I did get some feedback from the vendors on this and there was definitely a preference toward option two. And again, we can put it out, but for a couple of reasons number one, there was just, as you started to look at multiple medical devices as well as, you know, it was very specific in terms of a lot of capability that would have to be built in, there was some concern relative to the cost equation of doing all this type of stuff, where they felt option two was a little less prescriptive and would allow them to tailor it more to the needs of the customers they serve. So that was kind of the feedback. So a lot of concern about option one basically.

Christine Bechtel – National Partnership for Women & Families – Vice President

Yeah.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Um –

Christine Bechtel – National Partnership for Women & Families – Vice President

So, that makes a lot of sense, and, and I was kind of hoping that's what folks would, could come to, but I wonder if, so if you code, if in the certification process you have a generic structured questionnaire coded in, how do you then adapt it to collect based on what the provider wants, you know, functional status or caregiver status or ODLs or family health history, has that happened during each individual implementation?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yes, it's a, it's a tool, think of it as a template

Christine Bechtel – National Partnership for Women & Families – Vice President

Right.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

And, and the provider decides what questions to answer in this template and, and then, so the questions could be about functional status, the questions could be about caregiver, whatever it is, but the tool is what, what becomes available to providers.

Christine Bechtel – National Partnership for Women & Families – Vice President

Great. So as long as it can be adapted, I think that's great, you know, the sub-groups looking for the most efficient way. So, so those are the questions that we asked. Okay?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

I don't remember, George, do you remember, I think the Policy Committee also had an opinion and would favor number two.

George Hripcsak – Columbia University

Yeah, I don't, you know, I don't think I took any notes, I don't think I have anything in my notes. Michelle, do you remember?

Michelle Nelson – Office of the National Coordinator

I honestly don't remember that.

George Hripcsak – Columbia University

I think we discussed it and, and we, well, because it was presented as an option –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yeah.

George Hripcsak – Columbia University

... it wasn't something we had to fix. If we had said we have to do both then we would have written it down as something that had to be fixed before. I mean, in some ways what this really should be is option two is the suggestion and option one is a list of examples.

Christine Bechtel – National Partnership for Women & Families – Vice President

Yes, I think that's right. But in the Policy Committee we didn't know what the answer was, so, Charlene, this feedback today is the first time we've heard that that's actually feasible from the vendor community. So we, we were hoping that it was preferable to do it in the second wave, because we think it's more efficient for the vendor community, and yet consuming the spirit of its intent, so, you know, we were, so we haven't had the feedback from the Standards Committee. So I think, you know, preliminarily, George, that's probably the way we'd go, but I think we just need the feedback to confirm.

George Hripcsak – Columbia University

And, and I'm not saying we should change it now. I'm just –

Christine Bechtel – National Partnership for Women & Families – Vice President

Right.

George Hripcsak – Columbia University

I think, I think we can go ahead like this.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So, ... the only thing that might make it is, Christine, would you object if we just reverse the order?

Christine Bechtel – National Partnership for Women & Families – Vice President

No, that's fine.

George Hripcsak – Columbia University

Okay, that's good.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Thanks.

Christine Bechtel – National Partnership for Women & Families – Vice President

But –

Michelle Nelson – Office of the National Coordinator

Uh, we should probably wait until we get feedback since we don't want to confuse people with ... now.

George Hripcsak – Columbia University

Oh yeah, because then we'll say option, uh –

Christine Bechtel – National Partnership for Women & Families – Vice President

Yeah.

George Hripcsak – Columbia University

Yes, I understand. They'll be talking about options and it will be ... .

Christine Bechtel – National Partnership for Women & Families – Vice President

Yes, and actually I think that the other thing is that if we do put option one, I think what we're trying to do is get to one proposal and not have two options, so once we get feedback we can just make the switch, but we do need to have those specific eight categories built into option two as, you, you know, you pi-you get the semi-structured questionnaire but you pick one of these eight and you offer 10% of patients the ability to submit that.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

But that's the same thing as option one, Christine.

Christine Bechtel – National Partnership for Women & Families – Vice President

No, it's – Paul, we're not going to the, the proposal from the sub-group is not to just sort of give people the ability to have a questionnaire that they don't even use or is random, the, the, it is supposed to be to focus in on one of those eight categories, that was the recommendation from the sub-group, you pick based on what your practice is, but how it gets coded was really the question and so what Charlene is saying is, you code it as a semi-structured questionnaire but then during the implementation process, according to what you're saying, the process where the hospital would pick, okay, well, we're going to focus on caregiver status and role, because that's most important to us, and so the template gets implemented with that content.

George Hripcsak – Columbia University

Hmm... so I, the option one is probably better for providers, but option two is better for vendors.

Christine Bechtel – National Partnership for Women & Families – Vice President

Right. But we have to – it's not, they come together, it's really, option two is really about how you do option one, do you have to code in, you know, from the get-go into the EHR, you know, each one of those eight, or can you code in a template and a capability to receive uploads and then to practice with a ... or the hospital would pick one through five, or six, seven, or eight, and they would do use, they would do one, they would offer one to 10% of patients.

George Hripcsak – Columbia University

The average small practice is not going to want to be, you know, designing a questionnaire for the patients, even if it has a good tool available. So for a small practice you would want to just pick from the five or eight that the vendor provided.

Christine Bechtel – National Partnership for Women & Families – Vice President

Right, that's why, if I'm understanding you correctly, George, that's why we specified the value set. So it's how's your health and seek out the ... 10 is family health history. Does that make sense?

George Hripcsak – Columbia University

That goes to option one then. In some ways option one is –

Christine Bechtel – National Partnership for Women & Families – Vice President

Well, it's just how you get it done, is the difference.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

And, I–

George Hripcsak – Columbia University

Okay, what's our plan?

Christine Bechtel – National Partnership for Women & Families – Vice President

Oh, sorry.

George Hripcsak – Columbia University

... feedback pick option, feedback from who, the Standards Committee?

Christine Bechtel – National Partnership for Women & Families – Vice President

Yeah, because it's really about how do you implement option one, do you code them each individually, which is a giant pain for the vendors, or do you code what Paul described as a template and then during implementation you, the practice or the hospital kicks the specific tool/value set that that template gets adapted to be.

George Hripcsak – Columbia University

So, in a sense, so we're waiting for feedback from the Standards Committee and talk about on the 18th to pick whether we put forward to the RFC option one or two, that's what we're saying?

Christine Bechtel – National Partnership for Women & Families – Vice President

Yes, but if it is option two, which I think is likely, then option two would need to be revised to show the content from option one, so you're creating a generic concept –

George Hripcsak – Columbia University

Which is option one again. I mean, option two is just a message which is a certification criteria for option one, which is the actual clinical objective.

Christine Bechtel – National Partnership for Women & Families – Vice President

Yes, exactly.

George Hripcsak – Columbia University

So really we would end up with option one, and the fact that the vendor decided to build a generic platform which they had to populate with the five questions, because we can't expect the small practices to go look up each of those forms and code them correctly –

Christine Bechtel – National Partnership for Women & Families – Vice President

Right.

George Hripcsak – Columbia University

... we're bringing it back to, option one seems to be the one that has to be, heck, if we want to do this I think if we just give people a generic semi-structured questionnaire platform I don't know what that does for us.

Christine Bechtel – National Partnership for Women & Families – Vice President

Right, so I think, George, I think that's right. The only small change I would make to your characterization would be that the practice, we definitely don't want them doing the coding, that we want the vendor to do that, but the practice would pick which tool they want to use, or they would, you know, say I want to get uploads from a device and –

George Hripcsak – Columbia University

... vendor, and that's what I'm saying it's hard for the vendor. They have to do all of them.

Christine Bechtel – National Partnership for Women & Families – Vice President

Right, that's why they code in the, the generic piece and then they would only, you know, adapt a generic template to the one topic that the practice or the hospital ... .

George Hripcsak – Columbia University

Paul, I would argue that really this objective is option one.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Uh, I, I, I would agree.

George Hripcsak – Columbia University

Because that's one that says the clinical goal –

Christine Bechtel – National Partnership for Women & Families – Vice President

Right.

George Hripcsak – Columbia University

... and then ... nice for the vendor to do it according to option two of the certification criteria, so you could add your own new questionnaire if a large practice or a hospital wants to do that.

Christine Bechtel – National Partnership for Women & Families – Vice President

Right.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

The, the issue that, the, the Standards Committee ... John Halamka said was that there's really no standards, only a couple of these things have standards, and so that's, that's then, then we're gathering basically ... and that's the right thing to do at this point.

George Hripcsak – Columbia University

Right.

Christine Bechtel – National Partnership for Women & Families – Vice President

Right, and that's the feedback, that's the question that I already articulated, which is, okay, there is a standardized value set, right, because these are accepted you know, tools, but that doesn't mean it's a technical data standard, so what, what has to happen and can it happen, that's the question that we asked.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

I'm not sure there's standardized value sets for these. There are value sets that appear in a tool, but whether it's being used, you know, it's got a lot of evidence behind it, this is the impor-most important thing to track and here's why, that's not clear ... .

Christine Bechtel – National Partnership for Women & Families – Vice President

... how's your health is an accepted, valid standard tool; ..., same thing; ... is. I think the patient created health goals, folks don't dispute but there's not a, a standard necessarily but it's also ... in the care summary and plan and family health history, we know where that fits. So I don't think I agree with you, Paul. So I think, I mean, but again, I kind of feel like every time this category comes up we pick it apart, as opposed to just we ask, you ask for changes, we made them, here's what they are, we-you know we're asking these questions, and ... we're debating the topics again, but we've done this three or four times now, so I, so my preference would be, if it's okay, to get the answers back from the Standards Committee and then, you know, do what we need to do to blend, explain, or, or revise the two, or remove if they say what you're asking for is totally impossible.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, so we can get more – we did get feedback and that's what they said, and I guess we haven't done a –

Christine Bechtel – National Partnership for Women & Families – Vice President

... . We don't have feedback on the detailed questions that I submitted, do we?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

No.

Christine Bechtel – National Partnership for Women & Families – Vice President

Okay, because I don't think they understood the question before, so that's why you guys on the last meaningful work, work, use workgroup call asked me to outline, and I threw six or seven questions at them.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, so le-let's see what they say and then we'll, we'll –

Christine Bechtel – National Partnership for Women & Families – Vice President

Yep.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

... act on what they said, though.

Christine Bechtel – National Partnership for Women & Families – Vice President

Right.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay. Um, do you want to, next slide?

Christine Bechtel – National Partnership for Women & Families – Vice President

I don't think there were any, ... there were no changes suggested on either of these two; no changes on the next, the first one of the next slide, on slide 20, sub-group 2, 05, no change there. On 06, Neil had asked us to find the OCR requirements for language access which Emma did and then we agreed to a change on the last call, which you can see reflected in the in the, in the orange writing, so for the most prominent, non-English speaking population that's served by the EP or the EH, 80% of education materials are provided in that language where the materials are available.

Um, the civil right wait, I've got to find it. Hold on one second. Here we go. The OCR stuff is I don't know that Neil's on, but is a little bit challenging to interpret because essentially what it says is if you have an LEP population that makes up 10% of your service population, or 3,000 people, whichever is less, then you need to provide translated written materials which means really especially the vital documents for each of those LEP populations. But there's lots of, kind of caveats you have to define what the vitals document things like that. So I didn't find this to give us particularly clear guidance, or at least I'm not qualified to do the interpretation unless ONC wants to sort of reach out to OCR, but, you know, that's the best we can do with that. So, you know, Emma, I don't know, I mean, or Paul, one idea might be to send the document that Emma sent to me to, to Neil, and to see if it helps answer any of his questions.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yeah, that sounds good, and, and see what provider ... . Okay, yes, that's, so a combination of the documents he asked for and what he might change in the wording based on, on his read.

Christine Bechtel – National Partnership for Women & Families – Vice President

Yes, I mean, I don't think he, he, this was wording that we all agreed to on the last call, so I'm not sure he's looking for a change, and we can, you know, we can double check if he sees a better way to do it, but we have to have the whole workgroup and the sub-group kind of reconvene on that. But this was a revision from the last full Meaningful Use Workgroup call that you see.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yes, that sounds fine.

Christine Bechtel – National Partnership for Women & Families – Vice President

Okay.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

So there's another suggestion here from, actually from some of our customers, CMS requires that hospitals provide bills in specific languages to patients. Their suggestion was meet, make this requirement the same rather than a separate requirement coming out of the same agency, so look at what their requirement is for billing.

Christine Bechtel – National Partnership for Women & Families – Vice President

Charlene, do you mean like they, they say you've got to provide bills in these three languages and so we should say you should provide all ... educational materials in these three languages, or are they suggesting changing educational materials to build here?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

No, no. The first thing you said.

Christine Bechtel – National Partnership for Women & Families – Vice President

The first one.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yep. So they suggested asking TMS what that requirement was and aligning it with that instead.

Christine Bechtel – National Partnership for Women & Families – Vice President

Okay.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

I don't know if it is, but that, II thought that made sense kind of, so.

Christine Bechtel – National Partnership for Women & Families – Vice President

Yeah, you know the other way to do it would be to have two options, because for I think part of it we tried to do the, the top number of languages, and I think what Paul had pointed out earlier was, remember that's where we started was that nationally and both nationally prevalent, but then you'll have communities where they, they don't apply, so they're going to go through a lot of work to comply with a requirement that doesn't do anything for their patient population. So you can have two options and say pick one, either for the most prominent, you know, and so that's what's written here, where the materials are available, you provide them 80% of the time, or, you know, pick one of these three and do it that way.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Sorry, it's just another one I think that we should research and just bring that forward for consideration.

Christine Bechtel – National Partnership for Women & Families – Vice President

Okay, Emma, or Michelle, do you think you guys can find out what those are?

Michelle Nelson – Office of the National Coordinator

Sure. Yeah, Emma's no longer with us. She was a summer associate, so her summer's over.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Oh, so, it-it's Michelle. Okay, do you want to go to the next slide, please.

Christine Bechtel – National Partnership for Women & Families – Vice President

Yes, so no changes on either of those two, on the next slide. Um, and then the, on the slide 22 actually, the first one we asked questions of the Standards Committee on, which, so what we asked was, this is the capability that ..., so we explained the idea, again in the questions, and said, you know, the idea, anyways that the EHR could use the Info button standard to identify patient specific clinical trials at a general level similar to how the Infobutton is being used to identify patient specific education materials, so I articulated an example, so the query can be based on like patient's location and disease, but it wouldn't be so detailed as to be able to qualify or screen patients for eligibility in that trial. It's still going to require some human interaction.

Um, and I also articulated the fact that as we understand it the research community doesn't use the Info button standard yet, but that ... they've said that if EHRs were to have that capacity in Stage 3 to use the Info button standard to query, then the research community would, would move towards that standard. So we asked is there a – is this a feasible approach, number one. And number two, we asked the question that I forget if it was Paul or George raised on the last call, which was are there organized enrollment systems to query in an efficient way. And if so, could those systems accommodate the Info button standard, clinicaltrials.gov, for example, and is this feasible from a research enrollment system point of view. So those are the questions that we asked from the last call.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

And when you say the research community, since they want this, who-who's the research community you're referring to?

Christine Bechtel – National Partnership for Women & Families – Vice President

This was work that, I think, gosh, Charlene, we talked about this at length on, in the subgroup, and I'm struggling to remember where it came from. It may have been the S&I framework folks, or with a Tiger Team of the Standards Committee or something, ... interface with the research community. Uh, Academy Health has also been doing, actually that may be more where it came from, Academy Health has been engaging the health IT community and the research community to try to identify solutions as well, so again, one of the, this is one of the things we want to understand is this even a reasonable approach, and if it's not it comes out, and if it could be then let's get the public comment and that would move then the research community and we would reach out specifically to folks like Academy Health to say, is this even workable? And again, it's certification criteria only. It's not a requirement to use it by doc. Charlene, is that about right from your –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes.

Christine Bechtel – National Partnership for Women & Families – Vice President

Okay.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Although I'm, I, and I do know there's been a lot of work in this area, but again, I don't, I don't know what the status of kind of implementation is, so.

Christine Bechtel – National Partnership for Women & Families – Vice President

Yep. And that's what we need to understand, yes. Um, the next one was just a clarification that we've said before, which is alerts, patients receiving alerts for recalls of drugs or devices or other safety things that that can probably come out as long as in the Stage 2 rule the criteria around selecting communication preferences and around secure messaging, if those are still in there then you wouldn't need this criterion, it could come out entirely, so about the only clarifying language there. And that's that.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, do you want to move on to the next slide, please?

Christine Bechtel – National Partnership for Women & Families – Vice President

... well, that's care coordination. That's-this category's done.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Great. Uh, okay, let's do Charlene.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Okay. Um, this is slide one. What we did on this one, this is kind of what correlated with the discussion, and this is the objective in terms of the reconciliation objective. And we had the discussion with John Halamka, and I think Paul was on the call, and, Paul, I think you correlated it with the discussion with David, David Bates, where as we looked at the reconc-reconciliation around medication allergies, as well as contraindications, there was a need for a framework to better understand how to actually code these and put value sets against them because of the differences in, you know identifying drugs at a generic or level ... level, and then if there's a reaction then how that gets coded and that could be the same thing as a contraindication, it could feed the problem list, so what we had recommended, and John had taken on, was to kind of look at the whole frame, a framework around medication allergies and contraindications.

The initial feedback was that was probably something that was more appropriate to have in place because of the work and the complexity in this space in a Stage 4 time frame, so what we did for purposes of you know, our recommendation was to remove medication allergies from our objectives and leave reconciliation processes for medications and problems. We still don't want to say that reconciliation of problems is going to be straightforward, it's still going to be a list for the industry, but again we think it's really important in terms of supporting care coordination. So I don't think, so medication allergies, the one I have still has it on it, so I thought I had looked and that was removed. So maybe I'm looking at the wrong worksheet.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Well, let's see. So we are keeping med allergy and keeping –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

No, I thought we had removed med allergies, at least, um –

Michelle Nelson – Office of the National Coordinator

I, I guess I thought we were waiting for feedback, but if we're not then –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

No, I thought we had decided to remove med allergies –

Michelle Nelson – Office of the National Coordinator

Okay.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

... at this point.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Because of those standards?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes, because of the need to look at the standards for medication allergies in the context of contraindications because of overlap there, and John had said actually to kind of look at that whole problem space and perhaps suggest, you know, a framework which EHRs could adopt that might approach, that might address both issues.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

And, and also the value set of reactions, right?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes, yes, and include reactions.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, but keep problem reconciliation in –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

... at the introductory, the blue light special introductory level of 10%.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Correct? Okay.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

And, I do know just, the vendors have, and this will be kind of interesting as this goes into the work process, have those certification requirements for medication allergies in Stage 2, so I think there'll clearly be a lot of work that happens in this space over the next period of time. So, you know, we might be able to, you know, reevaluate that at a future time.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

It, it, it just seems a, a little premature. If we have, we've got to have allergies collected in Stage 2, why don't we want to keep that in? I understand that contraindications is a space that still needs to be further defined and value sets created, but if the medication allergy is done in Stage 2, isn't that something we want to keep here?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Let's see, what is allergies, it, in Stage 2? It's not a reconciliation, though, right?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

In Stage 2 medications, there is, we have to do, for certification, clinical, they're calling it clinical reconciliation, which includes medication allergies and problems, the vendors do, not the providers. Providers just have to do medication. So in Stage 2 we're going to, you know, better understand the state. Now, we don't know if that's in the, in the final rule or not, but I do know that work is occurring because the conversation relative to how we correlate ingredients to drugs, because they're not all mapped together, has been emerging as a kind of a, a pretty hot topic. But it does not look at the reaction piece, because those aren't coded, right?

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Yeah, yeah.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

So, reactions aren't coded. That could correlate to contraindications. So John's point was maybe we should step back and look at the whole problem space rather than do this piecemeal. So that was kind of the discussion that we had.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

So he was recommending not to move forward with just allergies, is what you're saying.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes, yes, because I think of the coding of the reaction piece too, because that's important.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Yes, I think –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

... levels and those types of things.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

I can see benefits making a little progress and then in Stage 4 making more complete progress as well, if, if there were, if there were standards there for allergies alone, you know, without the reaction contraindication piece.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yeah. I'm, I'm open –

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

We might be open to comments on that, yeah.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

So do you want to, how, Paul, how do want to leave it? I can go either way on this.

George Hripcsak – Columbia University

So, Charlene, you're hearing that we're all a little, we were looking forward to being able to share allergies by Stage 3 just because it's something that could really prevent you know, a bad, untoward event. Uh, you know –

Michelle Nelson – Office of the National Coordinator

So, this is Michelle.

George Hripcsak – Columbia University

Officer

... I don't know if you want to leave it in long enough for the comment period and then take it out if we

need to.

Michelle Nelson – Office of the National Coordinator

Well, we also asked Standards, so John Halamka had indicated ... they were doing some work, so we did ask for some information there on what they thought, so maybe we wait until we receive their feedback, if that would be helpful.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

I think what's going on ... what from the standards point of view that is to say can the computer help us. Uh, I think, I, I, I was not aware in the NPRM for Stage 2 that there was a certification criteria that already had this for the vendors, and presumably all that needs is some way for us to have side to side for the comparison so the humans can decide whether there's something missing. Um, we don't need standards actually to do that. We want standards so the machine can help us, obviously. So maybe having the machine help us is a Stage 4, but I guess to Art's point is we don't want to turn down something that's already certified in Stage 2 in Stage 3. So maybe what we're saying is that there's a, that the provider conducts a medication allergy reconciliation process and ... um, requirement, but gets to be able to use what-what's being provided by the vendors in Stage 2. And, and now what I'm imagining is that there's a side by side comparison for the humans to reconcile. Does that make sense?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yeah, I, but I think the reality, Paul, to be honest, is we're go-the vendors are going to be expected to, like if you pull something off the list know what code it is, and I actually, do that pop-do that population, so even the problems we were hoping like they'd be based in SNOMED, so if I've got the list over here and say I want to move this one over –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Oh, right, right, right.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

... and it knows what it is.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

(Inaudible.)

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

So there's an extra, and if the – so I think we need the feedback on standards if, I-I'm actually fine with leaving it because we're working through this right now, but if there's two different coding infrastructures under that, I mean, they're moving toward one, right, and as long as we can sort out this ingredient issue, which is a challenge, I mean, the list might be too hard. I don't know. But that's what the expectation will be from the vendors, and that's what you'd want us to do.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yes, that's, that is correct.

George Hripcsak – Columbia University

Um-hmm.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Um, so do you think we ought to go ahead and leave it in for the comment and try to source this out, and if possible we could, I mean, one of the things we could do is, it's not desirable, but is to, is to explain that in med allergies there isn't a button that, says, incorporate this. It would have to be a human effort of, of entering that allergy that you didn't realize manually on to your allergy list just because there is not a standard between the two. But it's sort of like in, in, in what Art said, we'd hate to give up on this function, on the process of reconciliation.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yeah. We don't want to make that process too, too onerous either, so.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Correct, correct. But you're right, it's –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

I think the question still needs to be asked. I'm okay with that. Um, and, you know, the vendors are kind of working through that now. Um, but again, I think standards likewise needs to look at that, especially in the area around, you know, where it really counts, reactions and/or contraindications –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Right.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

... and that whole space.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Right, right. The, the good news is that in truth, of the three lists, problems, meds, allergies, allergies is probably the most complete and the most up to date in each of the individual systems. So that, I mean, takes some consolation, one, people already recognize it's very important that there is some effort to make sure it's up to date, and so the chances are the, the differences between different lists won't be that much. I'm just trying to make the rationale for why because of this lack of standards problem that we, we could do with the human reconciliation for this list.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Okay, so ... –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

But I think we're saying to leave it in for comment, yes?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay. Okay, next slide.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

All right, in the next slide, this was the objective in terms of – the function of this one again, this is the extension of care record summary and the change here is 65% of transitions of care and at least 10% electronically. We had some discussion and we can bring that back up to debate whether that should be 10% or 30%, we lowered it because we felt like, okay, they'll get some of this to happen in Stage 2. Um, I was actually a little bit more comfortable with 30%, but um, you know, we're, I, we decided that on our call, not to debate the number as much. I did get feedback from the vendors relative to could we have a different measurement system and find out if there were, depending on who you were exchanging with could you raise the threshold. Most of the vendors felt at this current state, because we really can't predict the future state, that the current approach made the most sense because it is going to be really hard to know who else is a meaningful user across a network today, and they can't foresee how that's going to be made available.

And their other point was this is a current way that calculations are being done in systems and because, you know, this piece will just be added to in Stage 2 they felt like continuing using that same calculation method made a lot of sense, so rather than changing to a different type of measurement framework. Now it's something, again, we talked about provider directories today, if something comes forward that gives us a different infrastructure to measure from, then we can maybe re-ask the question. But that was the feedback on that one. So the recommendation is to leave it the same and reduce it to 10%, but we can, you know, go one way or the other on that one. Any comments?

Okay next one was you know, relative to, and John was on the call, this was on relative to the exchange of the care plan I got two pieces of feedback on this one. Um, there's a lot of content here, so from a perspective actually receiving this content who would actually, when you exchange this amount of content it's all really good content unless it can be incorporated and viewed in a nice, efficient way it's probably too much content. So that called the question of standards that we really need this information standardized. And again, John was on the call and indicated that that the standards aren't really in place here, and by standards it's not only the field but the value sets. And again, there's very few fields, I mean, we don't even have standards for patient goals yet, where the, the vocabulary for that particular field is defined and mapped into something that the vendors can discretely identify. So we really want to advocate hard, ... for this upcoming period of time that the standards for as many of these fields can be defined and that this, and we made the recommendation to move this then to being a placeholder for steps for Stage 4. Again, we will be dependent on the feedback from the broader standards workgroup on this one, but we made that change because of the readiness of the content standards.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So wait, which one is Stage 4, this whole bunch of –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

... care plan, the care plan.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Uh, am I, are we not looking at the right slide?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Oh, I'm on, I'm, I'm using my, the slides that were passed out, so I'm on the care plan slide.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, okay.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Twenty six.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yeah. Again, we want to reinforce, you know, the need for this. And as we talked about it, you know, again, we see this as certainly a signal to the market in terms of the direction that we're going so the market will and do the work to get ready on this one. Um, then the last –

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

I just, I'm not sure if I totally agree with this. I think that, so there is, there is a document that will be used for a care plan that contains other elements, right?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Um, there is. In the summary of care record there is a placeholder, there is, and we actually included in our summary of care statement there was four key elements of information that we're requiring that are the beginning pieces for a care plan, and there is in the summary of care document today, one field that's called summary, you know, care plan, and again, you can populate that with whatever you want in the current state, but there's no standards for that yet.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Right –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

What we want to advance is a standard for a care plan, that's really important because the feedback we get is everyone will see that they need to know what the standard is, so we want to advance the need for a standard for our care plan, and that could emerge as a separate document or not. We don't want to decide that here, because that's not our job.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Right. I guess I'm just asking, is it the absence of this standard for these five bullets, or six bullets, whatever we have there, is it that that means that there will not be a transition of care document until –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

No, no.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

... Stage 4?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

No, there is a summary of care document that will be shared in Stage 3, and it does include a placeholder for a care plan, so anyone who wants to put checks in there, that's fine. Um, and we actually asked for some specific fields that we want in Stage 3, it's on the previous objective –

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Okay.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

... and this was actually calling out the need for a broader set of data elements to create the basis for a shared care plan. And that's what these data elements are from –

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Okay.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

... this slide.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Thank you. Thank you for clarifying.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

So that, we broke them into two sets, because we said, we thought this could happen, we need this minimum set in Stage 3, and, you know, we're really looking for this broader summary of care data element as a basis for moving coordination of care forward, and that's why we separated it.

George Hripcsak – Columbia University

So, Charlene, so what are we saying? So this is 304, right, on slide 26?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Um –

George Hripcsak – Columbia University

The care plan objective –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Slide 26.

George Hripcsak – Columbia University

And you're saying that we're going to move this to Stage 4?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Because of the need of availability for standards, that's, because we got some early feedback on the standards, yes.

George Hripcsak – Columbia University

But, but I'm really asking is that so this slide is wrong, right, this slide shoul-right now has care plan in Stage 3, and you're saying it should be under Stage 4 now. Is that –?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

That, that's the direction for Stage 4 to pick up standards that are emerging, that's, yes.

George Hripcsak – Columbia University

Well, what stays in Stage 3 on this objective?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

We didn't ha-um, we didn't inc-we did not include anything in Stage 3. We could, is there anything you see that we should include in Stage 3? If you look past at –

George Hripcsak – Columbia University

No, I'm just trying to find out what you're suggesting. So, you're saying that the slide deck I'm looking at is wrong for 304. It right now says we have all this stuff under Stage 3 and you're saying it's not under Stage 3 anymore, we're just going to push it to Stage 4. Is that correct?

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes.

George Hripcsak – Columbia University

Okay. And it's because those, the element list that we provided is definitely not standardized at this point.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes, that was one. And the feedback that we got is we would need this period of time to get these data elements standardized.

George Hripcsak – Columbia University

Well, remember, we were, when we suggested these we named the eight or nine items, however many there are, eight items –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yeah.

George Hripcsak – Columbia University

... we weren't intending that these were necessarily the eight items, but that was the RFC period was going to tell us what items we should keep or throw away from the care plan document. In other words, we weren't sure these were the right eight, we just wanted a list as a working list so that people could comment on it, which is okay, because if we move it to Stage 4 they can still comment on it.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes, and I mean I'm certainly fine with waiting until we get the formal feedback from Standards on this too, you know, I can go either way, certainly on this. But the, you know, I think getting the standards, really advocating to get the standards for the shared care plan to happen is how we should be signaling.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, that-that sounds good.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

So I don't know how you want to change this. We could re—

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Well, I think, I think George was just saying move it from, put it in the right column, which is Stage 4 placeholder.

Michelle Nelson – Office of the National Coordinator

Yes, I moved it. I got it. Thank you.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, thank you.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Okay, all right. I'm fine. I just don't want to lose it.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Right.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

And then when we, then the last objective that we discussed was closing the loop on the referral, and again this touches on the availability of standards on that. Um, we definitely, again, there's going to be an outbound standard as well as an inbound standard and it's our expectation there will be a standard that's available in Stage 3, so we want to leave this in Stage 3.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Well, and actually satisfying the order, the way I described earlier, was in Stage 4.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes, yes, yes, to close the loop on the order would be in Stage 4, yes. But we can at least send the result back.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Uh, and by certification criteria we'd want to send the order back in a way that I could tell, oh, this is paired with, somehow paired with that ... otherwise we, we have no way of calculating a percent.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yep, exactly. So I don't know if I need, we need to add anything but I'm, I, I'm, I'm with you, Paul, because ..., this whole functionality is about tracking, right?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Right. So the, so, in, in the, in the question, Charlene, is, is it possible to a-ask that question, you know, write a question to be answered in the RFC of how, with the, with what you have for Stage 3 how could we calculate that result.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Okay, all right.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Because otherwise you have to totally open loop, and I'm not sure you know how to calculate it.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Okay, got that.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Or propose mechanisms.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

What would –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes, I think –

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

What do we mean by "satisfy the order"?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

That's the like I described earlier, a lab, you have an order and then the results satisfy that order, so you have a very tight connection to any order and the result. Ideally, we did the same with referrals, but um, that's harder because you have many more referees, referees than you do lab people, you know, lab companies that you refer to.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

So this means that the final result has been sent back, it's not the ... –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

No.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

... it's not the preliminary?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So the result of like consult actually populates that order, the referral order.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Okay.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

So kind of, you know, the recommendation, and this, you know, from the testimony you know you send an order out and you can do it for transition and/or referral, and then you're able to start to track when you actually receive those back and you start to close the loop in that way. So what we said in Stage 3 we'll start to send the results back, but in Stage 4, you know, again, depending on standards, the system's actually able to know the number of referrals they send out so we can actually count the number that were closed now.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Right. So we –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

But, and/or transitions, was that actually received and acted on. But we didn't quite go that far yet.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

We didn't – well, even though we did, we postponed satisfying order in Stage 4 we don't have a way of figuring out what the numerator and denominator are in Stage 3, and that's what we need to ask, because we don't want to have to answer there.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Yes. And the vendors totally support that because we need to know when these things happen to have a denominator.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Right. Okay, we're actually running short of time. Uh, next –

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

That's it. The rest I think were, there were no changes.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay. So ..., okay. Next –

Michelle Nelson – Office of the National Coordinator

Hi, this is Michelle. For Art's group, Subgroup 4 didn't meet because basically what came out of the Health IT Policy Committee was just to be a little bit clearer about what is going to be for the RFC only, what's going to be for Stage 4, and what is actually for Stage 3. So we just decided to identify that on the slide. But there weren't any particular changes.

George Hripcsak – Columbia University

Do we want to re-order them in some way to make it clearer? I'm just looking.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Do you want to advance the slide, please?

George Hripcsak – Columbia University

We have three on—we have the bunch on immunization, they come first, and that's really where we're putting forward our new stock, and that's immunization, and then, I'm not on line, I'm looking at the slide deck that's ... .

W

(Inaudible.)

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Then both of them, the next two are about electronic laboratory reporting, or case reporting, George?

George Hripcsak – Columbia University

Yes. Art, is it okay to ask you, do you object if we move them to the Stage 4 column, the column, "Stage Undetermined," to address this issue?

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Um –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yes, or at least get it out of Stage 3. You can even re-label that column in your case to "Undetermined."

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Uh, okay, so "Stage Undetermined" instead of "Stage 4 Placeholder."

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Correct.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

So that – okay. Does that make sense, Michelle?

Michelle Nelson – Office of the National Coordinator

Yes, I'll make those changes.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Okay.

Jim Daniel - Office of the National Coordinator

Did we – this is Jim. Did we not ever, did we decide not to put anything about the clinical decision support, the ... .

Michelle Nelson – Office of the National Coordinator

If we put it in the – so we, we did, it's part of the CDS for Subgroup 1 –

Jim Daniel - Office of the National Coordinator

Okay.

Michelle Nelson – Office of the National Coordinator

... but it's only indicated as a preventative care item, not specifically as one of the 15.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Yes, it's, it's among the selectable ones for prevention in preventive care, right. I think it was given as an example.

Jim Daniel - Office of the National Coordinator

To ... from the immunization registry or generate it yourself.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Uh, well it didn't give any specifics about how it was done. Let me go back up to that slide. Yes, it's, this is slide 10, it said this is the 15 clinical decision support. It doesn't say how it would happen. I don't know that we indicated that. I don't know how, how we would say any of these clinical decision supports could happen. It could be you could buy the service from a Web service, you could build it yourself, you could, the vendor could give it to you, you know. Were you thinking that it needed to be more explicit, Jim?

Jim Daniel - Office of the National Coordinator

No, I, I, I was just wondering. I mean, I know we, that we hadn't heard specifically from anyone from the immunization community. I think that's what they would push for from their side.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

That they would be providing the, the CDS –

Jim Daniel - Office of the National Coordinator

Yeah.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Of the logic.

Jim Daniel - Office of the National Coordinator

Yeah.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Yeah.

Jim Daniel - Office of the National Coordinator

Well, yeah.

George Hripcsak – Columbia University

One other comment is that remember we're waiting to hear what happened in the final rule for Stage 2 for registries in order to steer our suggestions for Stage 3 on registries, right, because we didn't know how that was going to end up coming out –

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Um –

George Hripcsak – Columbia University

... the registry stuff in Stage 2.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Right, uh –

George Hripcsak – Columbia University

Are they suggesting 1 or are they suggesting 2, we don't know yet.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Yes, we, we need to wait on that, right. There was a comment there, I think. But we'll be presenting this in, October, is that right?

Jim Daniel - Office of the National Coordinator

Correct. That's correct.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

And, and we assume that Stage 2's going to come in sometime in September, is what I think I've heard. But I don't know if that's –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So, we're hoping it comes out ... before our September 18 meeting so we can deal with the –

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Right.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

So that will actually be in time for the subgroup to meet before September 18 to have a recommendation for September 15.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Right. For September 15th?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Uh, yes. Well, for us to discuss here.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Right, okay.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yeah.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Right. So, so, George, you were thinking about switching some things around, you wanted to move –

George Hripcsak – Columbia University

No, I think if you switch the column that might be enough. I think the confusion is it just looks like there's a lot of public health stuff, when in fact there's not a lot of public health stuff. It's really just immunization and, and health acquired infection, and it was due to the way we presented it. And one way to fix it would be to put the new stuff at the bottom that's not really Stage 3. But the other way to do this is to shift the column over. So if we shift the column we may not need to do anything else.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Right. S-s-so, we-we-we've gone through uh, on slide 33, that column would be moved over, right? I think that's –

George Hripcsak – Columbia University

(Inaudible.)

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Yeah. That's a 402B, is the –

George Hripcsak – Columbia University

Yes, that's an example of something that we switched columns.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Right, okay. And then –

George Hripcsak – Columbia University

And there's a couple others in there too.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Yes, they'll come, so if we move to slide 35, which is 404, have we heard back from the Standards Committee about this?

Michelle Nelson – Office of the National Coordinator

All the questions went over to the Standards Committee and we'll hear by the 15th.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Okay, so we haven't heard anything back. I thought I-I heard something from –

Michelle Nelson – Office of the National Coordinator

There were, we sent preliminary questions over to John Halamka, but he –

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Oh –

Michelle Nelson – Office of the National Coordinator

... he only gave what he knew.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Yeah. Okay, thank you. There wasn't much really changed here. We're still waiting on their opinion for, on slide 35, which is 404, and that deals with participation in registries based on a CDA standard that's used for cancer.

George Hripcsak – Columbia University

Um-hmm.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

And then we move to slide 306, and that one, I guess, George, using your method would be moved to the stage undetermined column.

George Hripcsak – Columbia University

Yeah.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Right?

George Hripcsak – Columbia University

Although this will ... be one of the ones that ... that we're going to look at in term-in the context of Stage 2 final rules.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Yes. Again, we need to – yes, these need to be synchronized, harmonized with whatever comes down, right. And if we go to the next one, this is the hospital, uh associated or acquired infections, or healthcare associated infections and that standard I think is pretty mature. So I don't think there was much to do here.

George Hripcsak – Columbia University

Right, this is our other new one, and we thought it was feasible.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Right. And then the, the last slide, slide 38, which is 408, is the one around adverse events and reporting, and again, that would be moved into the Stage Undetermined column. So I think we've caught up, Paul.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Wonderful. Thank you. Thank you ... .

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Yeah.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, so the review, our process, September 4, let's see, do we – I don't suppose the IE Workgroup would be ready by September 4, Michelle?

Michelle Nelson – Office of the National Coordinator

No, they won't be.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, let's –

Michelle Nelson – Office of the National Coordinator

They, they have their meeting scheduled to ... they just kind of do it.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

And we have two hours on the 18th?

Michelle Nelson – Office of the National Coordinator

We do.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Um, okay, so it's going to be tough, actually.

Michelle Nelson – Office of the National Coordinator

I think that we should try and schedule a meeting for the week of the 24th, if possible.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay. Okay. Um, so folks in return for canceling September 4, may we try to pencil a meeting in the weekend of the – the week of the 24th?

George Hripcsak – Columbia University

It's okay by me.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Sorry?

George Hripcsak – Columbia University

It's okay by me.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

It would be better for me if it's a Wednesday, if that, if that works.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

I can't do that Wednesday. I can do Thursday or Friday, or, well, that's about it. Do Thursday and Friday work for folks?

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Let me check. Yes, I can probably do Friday.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

The 31st?

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

No, that's the 28th.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

The 28th.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

Oh.

Michelle Nelson – Office of the National Coordinator

If we do it the 28th we could potentially actually cancel two meetings, depending upon what we get done on the 28th, because we may not need the October 2nd meeting. But it at least gives us more time to prepare for the, um –

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yes. No, ... hey, look, look we've got a twofer. In return for canceling the 4th, September 4 and October 2nd could we steal some of your time on the 28th of September?

George Hripcsak – Columbia University

Um, the 28th I'm driving to Geisinger, so I don't know how the cell phone connections are, and back from Geisinger.

Christine Bechtel – National Partnership for Women & Families – Vice President

And I'm at speaking at a conference down in Georgia, so I think it's done by noon, but I don't know what kind of travel I'll have right after that. So I-I'm questionable for the 28th.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

How does the 27th sound?

George Hripcsak – Columbia University

Good.

Christine Bechtel – National Partnership for Women & Families – Vice President

I have to travel on the 27th, but in the morning it should be okay.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

How, how morning?

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

(Laughs.)

Christine Bechtel – National Partnership for Women & Families – Vice President

Uh, that's a problem for you. Um, well, we have, I mean, the 26th, though, 11:00 we already have the Patient and Family Engagement sub-group meeting, do you want to use that time? (Laughs.)

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yes, I was going to have trouble, I wasn't going to be able to attend that because I have an all-day ..., um.

Christine Bechtel – National Partnership for Women & Families – Vice President

My- I just don't have a good sense for the 27th yet, because my flight's not booked.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

But you're only going to Atlanta, right, so it wouldn't necessarily be that early?

Christine Bechtel – National Partnership for Women & Families – Vice President

Right, but I have meet-other meetings, so I'm hope-right, it shouldn't be, I should be clear from like 9:00 to 11:00, I would hope.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

9:00 to 11:00, okay, I can do that. How are, how are the rest of you?

George Hripcsak – Columbia University

I'm good.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

I could do that.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, so 6:00 –

George Hripcsak – Columbia University

(Laughs.)

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

... all right.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Well, that happens when you get...

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

(Laughs.)

Christine Bechtel – National Partnership for Women & Families – Vice President

That's the consequence of getting to live, you know, on the west coast.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Well, well, honestly, Christine, I say that every time, when I land here I go it's still worth it.

Christine Bechtel – National Partnership for Women & Families – Vice President

Exactly.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

(Laughs.)

Christine Bechtel – National Partnership for Women & Families – Vice President

Exactly, I don't want to hear about it.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

(Laughs.)

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

How's the humidity out there, guys?

Christine Bechtel – National Partnership for Women & Families – Vice President

(Inaudible.)

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

This is Charlene. Do we have a – were we going to do a hearing for health information exchange and did we establish a date for that? I might have missed that.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

That's being run by Farzad, is, is sharing that, and that's being planned in the, I think it's around the October meeting, is, is the hope. I don't – does anybody have an update on that?

MacKenzie Robertson – Office of the National Coordinator

Sure, Paul, this is MacKenzie. It's looking to be more November.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Oh, okay. So, can I release those dates, though, do you know that already?

MacKenzie Robertson – Office of the National Coordinator

If you have dates in your calendar for October, yes, go ahead and release them.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Two and four, get rid of them?

MacKenzie Robertson – Office of the National Coordinator

Yeah.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, super. Okay, so, let's finish up this agreement, so we are going to cancel the September 4th and as a bonus we're going to cancel the October 2nd and, and we're going to reque-I don't, actually, I think I'm the loser here.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

(Laughs.)

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

... and the ... going to get up at 6:00, or, no, I mean, I'm going to get up in time to be on the call at 6:00 on the 27th, so that's 6:00 to 8:00 Pacific.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Okay.

MacKenzie Robertson – Office of the National Coordinator

Okay, we'll send – this is MacKenzie, we'll cancel the two meetings and send out a new appointment.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

All right.

Michelle Nelson – Office of the National Coordinator

Oh, and just one more thing, I, and some of the sub-group meetings might have to change to make sure that everyone meets to reconcile before that meeting.

MacKenzie Robertson – Office of the National Coordinator

Yes.

Michelle Nelson – Office of the National Coordinator

Just make sure everyone's aware.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay. So our plan is on the 18th we have a couple report outs and then we'll get as much done as we can in terms of reconciliation, and if we're all good we actually might be able to cancel the 27th too.

Charlene Underwood – Siemens Medical – Direct Chief Technology Officer, Government & Industry Affairs

So, Michelle, are you going to like, take the rule and replace what was reposed, proposed by what is in the final rule, or?

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

(Inaudible.)

Michelle Nelson – Office of the National Coordinator

Yep, it's ready. We're just waiting for final rule.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

And then actually, Michelle, if you would highlight what's changed so it gives us an easier way to look at things.

Michelle Nelson – Office of the National Coordinator

Yep, it's already done.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay.

Christine Bechtel – National Partnership for Women & Families – Vice President

Okay. You're not going to tell us, though.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

All right, very good.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Do we need to open it? Is this an open call?

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Yep.

MacKenzie Robertson – Office of the National Coordinator

Operator, can you please open the lines for public comment?

Caitlin Collins – Altarum Institute

If you are on the phone and would like to make a public comment please press *1 at this time. If you are listening via your computer speakers you may dial 1-877-705-2976 and press *1 to be placed in the comment queue. We have no comment at this time.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Okay, well thank you, everybody, for preparing your comments for this meeting and we will see you in September.

Art Davidson – Public Health Informatics at Denver Public Health – Direct Chief Technology Officer

Thank you, Paul.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Thank you now.

Michelle Nelson – Office of the National Coordinator

Thanks.

Paul Tang – Palo Alto Medical Foundation – Internist, Vice President & Chief Medical Information Officer

Bye-bye.

M
Thank you. Have a good holiday.

W
You too.

Public Comment Received During the Meeting

If the committee has gotten comment that the referral order with an attached 'result' is common in the marketplace, this is not true in the rural, community hospital vendor marketplace. I speak for my EHR company which works in this marketplace. Thanks.

Can you provide any insight as to when the Meaningful Use Stage 2 Final Rule will be released? Thanks!